

CCC-509

(01-22-13)

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

2013**DIRECT AND COUNTER-CYCLICAL PROGRAM (DCP)
CONTRACT OR AVERAGE CROP REVENUE
ELECTION (ACRE) CONTRACT**

1. Program Year:

2. State Code

3. County Code

4. Farm Number

5A. County FSA Office Name and Address (Including Zip Code)

5B. County Office Telephone/Fax Number(s) (Including Area Code):

THIS CONTRACT TO PARTICIPATE is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified above for the commodities identified in Item 8. If this contract is for ACRE, all producers with a share greater than zero must execute this contract by June 3, 2013. If this contract is for DCP, all producers with a share greater than zero must execute this contract by August 2, 2013. The terms and conditions of the DCP and ACRE contract are contained in the CCC-509 Appendix (01-22-13), entitled "2013 Appendix to Form CCC-509, Direct and Counter-Cyclical Program (DCP) Contract or Average Crop Revenue Election (ACRE) Program Contract", and the Regulations in 7 CFR Part 1412 and are subject to change. By signing this contract, the undersigned producers on the farm identified in Item 4 are participating in the DCP or ACRE Program subject to CCC approval. By signing this contract, producers: (1) acknowledge receipt of the CCC-509 Appendix; (2) agree to abide by the terms contained therein; (3) agree to comply with the regulations governing the applicable program and payment eligibility and limitation provisions; (4) acknowledge and agree that the terms and benefits under DCP and ACRE are subject to change based upon change to applicable statute; and (5) certify to the accuracy of the information set out on this form.

6. This contract is for the following program (Check one): ☐ DCP ☐ ACRE7. At least 50 percent of the ownership interest of the farm is held by a socially disadvantaged or limited resource farmer or rancher ☐ YES. (See CCC-509 Appendix for definitions and rules). Producer's Initials: _____

Items 8 through 16 specify the details for the commodity, base acres, direct and counter-cyclical payment acres, yields and payment share for the farm in Item 4.

8. Commodity	9. Base Acres	10. Direct and Counter-Cyclical Payment Acres 85% of Base Acres	11. Payment Yield		8. Commodity	9. Base Acres	10. Direct and Counter-Cyclical Payment Acres 85% of Base Acres	11. Payment Yield	
			A. Direct	B. Counter-Cyclical				A. Direct	B. Counter-Cyclical

12A. Owner or Producer's Name and Address (Including Zip Code)

13. Commodity

14. Payment Share

13. Commodity

14. Payment Share

12B. Email Address

12C. Telephone No. (Include Area Code):

15A. Refused Payment Information:

☐ All Direct Payments are Refused☐ All Counter-Cyclical Payments are Refused☐ All ACRE Payments are Refused

15B. Producer's Initials

15C. Date Initialed (MM-DD-YYYY)

16A. Producer's Signature (By)

16B. Title/Relationship of the Individual Signing in the Representative Capacity

16C. Date (MM-DD-YYYY)

FOR FSA USE ONLY

17A. Signature of CCC Representative

17B. Date (MM-DD-YYYY)

18. Remarks

19. Employee's Initials:

1. Program Year	2. State Code	3. County Code	4. Farm Number	
CONTINUATION OF OWNER'S OR PRODUCER'S CROP INFORMATION (From Page 1)				
12A. Owner or Producer's Name and Address <i>(Including Zip Code)</i>	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. <i>(Include Area Code):</i>				
15A. Refused Payment Information: <input type="checkbox"/> All Direct Payments are Refused <input type="checkbox"/> All Counter-Cyclical Payments are Refused <input type="checkbox"/> All ACRE Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed <i>(MM-DD-YYYY)</i>	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date <i>(MM-DD-YYYY)</i>
12A. Owner or Producer's Name and Address <i>(Including Zip Code)</i>	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. <i>(Include Area Code):</i>				
15A. Refused Payment Information: <input type="checkbox"/> All Direct Payments are Refused <input type="checkbox"/> All Counter-Cyclical Payments are Refused <input type="checkbox"/> All ACRE Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed <i>(MM-DD-YYYY)</i>	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date <i>(MM-DD-YYYY)</i>
12A. Owner or Producer's Name and Address <i>(Including Zip Code)</i>	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
12B. Email Address				
12C. Telephone No. <i>(Include Area Code):</i>				
15A. Refused Payment Information: <input type="checkbox"/> All Direct Payments are Refused <input type="checkbox"/> All Counter-Cyclical Payments are Refused <input type="checkbox"/> All ACRE Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed <i>(MM-DD-YYYY)</i>	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date <i>(MM-DD-YYYY)</i>

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) as amended by the American Taxpayer Relief Act of 2012 (Pub. L. 112-240). The information will be used by CCC to assist in determining DCP or ACRE program eligibility, to determine the correct producers on the DCP or ACRE contract, and to consider and approve the contract to enter into the DCP or ACRE program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for entry into the DCP or ACRE program.*

This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246, Title I, Subtitle F – Administration), as amended by American Taxpayer Relief Act of 2012 (Pub. L. 112-240, Title VII, Extension of Agricultural Programs.)

*The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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